



Dkt. No. 10012968-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ray L. Pickup
Title: INK ASSIST AIR KNIFE
Appl. No.: 10/086,946
Filing Date: 02/28/2020
Examiner: Liang, Leonard S.
Art Unit: 2853

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below. Carolyn Rainis (Printed Name) <i>Carolyn Rainis</i> (Signature) 5/9/2005 (Date of Deposit)
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AMENDMENT AND REPLY UNDER 37 CFR 1.116

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Reply is in response to the Office Action mailed on February 8, 2005.
Please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 13 of this document.

Please amend the application as follows:

03/23/2005 TOLKONI 00000001 082025 10086946
05/12/2005 SSESHEI 00000043 082025 10086946
01 EP=1202 100.00 00000043 082025 10086946
11 00000043 082025 10086946

03/23/2005 TOLKONI 00000001 082025 10086946
05/12/2005 SSESHEI 00000043 082025 10086946
01 EP=1202 100.00 00000043 082025 10086946
11 00000043 082025 10086946

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/086946

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	5/18/05		
Total	* 64	Minus -- 62	= 2
Independent	* 10	Minus --- 10	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1, 19, 22, 31, 35, 49, 49, 51, 59, 66
overd by \$160

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	=
Independent	*	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	=
Independent	*	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$50=	100
X200=	
+360=	
TOTAL	100
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 25=	
X100=	
+180=	

RATE	ADDI-TIONAL FEE
X\$50=	
X200=	
+360=	